

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045688

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10896

STATE FILE NUMBER

FILED NOV 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

DOA City Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

1948 Arsenal

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
PeterMiddle
J.Last
Koppi4. DATE
OF
DEATHMonth
Nov.Day
3Year
1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/4/24

9. AGE (last birthday)

38

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sheet Metal Work

10b. KIND OF BUSINESS OR INDUSTRY

American Car

11. BIRTHPLACE (City and state or country)

North Dakota

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Peter Koppi

13b. MOTHER'S MAIDEN NAME

Katherine Miller

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no or unknown) (If yes, give war and dates of service)

Yes

W, W, #2

NO.

6

17. INFORMANT

Address

Virginia Lesich 3876 S. Utah

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Left Hemothorax; Contrib: Laceration of left Pulmonary Vein; suffered when struck by car operated by one, Wendell Weiss, at the intersection of Jefferson & Arsenal St., on Nov. 3, 1963, at about 1:30 AM

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CRIMINAL CARELESSNESS

INTERVAL BETWEEN ONSET AND DEATH

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

Criminal Carelessness

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour
1:30Month, Day, Year
11-3-6320d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

20f. CITY, TOWN, OR LOCATION

Jefferson & Arsenal, St. Louis, Mo.

21. I attended the deceased from

1:45

to

A

and last saw her alive on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Helen L. Taylor, Coroner

(Degree or title)

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

11-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov 6 1963

23c. NAME OF CEMETERY OR CREMATORY

New St. Marcus Cem.

23d. LOCATION (City, town, or county)

St. Louis

(State)

Mo.

24. FUNERAL DIRECTOR

Thomas Kulis

ADDRESS

2906 Spruill

25. DATE RECD. BY LOCAL REG.

11-4-1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1
2 2 2
3
4 0
5 9
6
7 1
8 1
9 X
10
11 000
12 92-3
13
91

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eleanor Proiner

Licensed Embalmer No.

3403

P. O. Address

2906 Gravin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

City Coroner Case